

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

OR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

RATE	Fee	RATE	Fee
	345.00		690.00
X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL		TOTAL	

OTHER THAN  
SMALL ENTITY

RATE	Fee
	690.00
X\$18=	
X78=	
+260=	
TOTAL	

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	Minus		***	=

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

SMALL ENTITY OR

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL ADDIT FEE		TOTAL ADDIT FEE	

OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE
	690.00
X\$18=	
X78=	
+260=	
TOTAL ADDIT FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	Minus		***	=

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

SMALL ENTITY OR

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL ADDIT FEE		TOTAL ADDIT FEE	

OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE
	690.00
X\$18=	
X78=	
+260=	
TOTAL ADDIT FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	Minus		***	=

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

SMALL ENTITY OR

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL ADDIT FEE		TOTAL ADDIT FEE	

OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE
	690.00
X\$18=	
X78=	
+260=	
TOTAL ADDIT FEE	

\* If the entry in column 1 is greater than zero, enter it with a plus sign (+).

\*\* If the Highest Number Previously Paid For is less than 20, enter 20.

\*\*\* If the Highest Number Previously Paid For is less than 3, enter 3.

The Highest Number Previously Paid For must be a dependent claim number entered in the appropriate column.